

that. That number has grown. We're now at about 200,000 people a year who die in hospitals because of preventable death. That's about 3,800 people every week, which is basically the equivalent of two jumbo jet passenger airplanes crashing and killing all of the passengers.

The fact of the matter is that this is something that we as a Nation need to step forward and do something about. It's something that is in our power to do something about. The thing that we need to do to prevent these preventable deaths is to coordinate. It is possible to eliminate these deaths. It is possible through a series of measures to even eliminate them completely.

What we need to do is first of all look at this problem in a holistic way. There's not one magic thing that is going to stop all of them, but a series of small things that are going to prevent and eradicate these preventable deaths.

The first thing I think we need to do is to come together to figure out how to connect our technology, the people and ideas and figure out how to cooperate and, most importantly, make a commitment to prevent these deaths from happening.

Ten years ago, there was a young woman named Lenore Alexander, who had a healthy 11-year-old girl, Leah. Leah underwent elective surgery to correct pectus carinatum at a prestigious southern California hospital. Though the surgery went well, Lenore awoke at around 2 a.m. on the second postoperative night to find Leah dead, the victim of undetected respiratory arrest caused by a drug that was intended to ease her pain. If Leah had been monitored continuously after the surgery, hospital staff and Lenore may have been alerted, and Leah would probably have been rescued.

There are also other sorts of preventable deaths that have to do with the transfer of infections when hands aren't washed properly. Monitoring was already pointed out by Lenore's tragic situation. The fact is that Lenore's situation is not unique, unfortunately. The Patient Safety, Science & Technology Summit is a gathering of people who came together to figure out what we can do to solve the problem—going back to that coordination and cooperation that I spoke about earlier.

The fact is that at this Patient Safety, Science & Technology Summit trained professionals came together to figure out what we can do about it. They came together to talk about, yes, technology, but also just more safe procedures to protect, eliminate, and save people from preventable deaths.

These preventable deaths are tragedies for the families that suffer them. Imagine going into a hospital for a routine procedure that you don't think is going to be serious only to get the tragic news that your loved one has passed away in the course of it.

So today I want to bring attention, Mr. Speaker, to this situation that is

within our power to eliminate and stop. I want to salute the people who attended the Patient Safety, Science & Technology Summit, who came together to try to bring real attention to this problem.

A good friend named Joe Kiani brought this issue to my attention. He's a person who has given a lot of time and attention to try to figure out how we can save families from tragic incidents such as what happened to Lenore's family. And, of course, everyone has something that they can do to prevent these serious problems.

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At the end of the day, our goal should be to make zero the number of deaths in hospitals, to make preventable deaths something of the past, and to bring Americans to attention so that we can focus our technology, our procedures, our energy, and our love and attention on trying to make sure that no family suffers these tragic incidents anymore. 200,000 deaths is too many. One is too many. Zero should be our goal. Let's stop preventable hospital deaths.

#### KEEP CRUSHABLE PAIN PILLS OFF THE MARKET

The SPEAKER pro tempore. The Chair recognizes the gentleman from Kentucky (Mr. ROGERS) for 5 minutes.

Mr. ROGERS of Kentucky. Mr. Speaker, today marks a critical turning point in our country's battle against prescription drug abuse—what CDC has called a national epidemic. It takes more American lives than car crashes.

Unless the Food and Drug Administration takes action today, generic drug-makers will be free to dump cheap painkillers, lacking abuse deterrence, back into U.S. markets—pills that can be easily crushed and which are to be blamed for tens of thousands of emergency room visits and accidental overdose deaths in the last decade.

Two weeks ago, at the National Rx Drug Abuse Summit, FDA Commissioner Peggy Hamburg acknowledged the many “individuals and their families whose lives have been shattered by prescription opioid abuse, misuse, and addiction.” She also affirmed that FDA has the authority to keep these crushable pills off the market when abuse-deterrent technologies are available.

It is time to execute that authority, FDA. On behalf of the thousands of families in my region and all over this country, keep crushable pills off our streets and out of our children's hands.

#### SPECIAL IMMIGRANT VISAS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. In the aftermath of the 10th anniversary of the war in Iraq this spring, those of us who op-

pose the war, as those who thought it justified, are all sorting through what happened. More important, we are united in our support for our men and women in uniform who fought that heroic effort regardless of our feelings about the war's justification or history's verdict.

We have an obligation to all those who served to smooth their reentry and to minimize the price they paid for that war.

But there is another group who put themselves at risk for the wars in Iraq and Afghanistan. I am speaking of the Iraqi and Afghan nationals who worked with the American soldiers—thousands who were shoulder to shoulder with our troops, often in the most difficult of circumstances. They provided services as guides and interpreters that literally made the difference as to whether our soldiers lived or died.

I've talked to returning servicepeople who made clear how important it was that they had that help and how grateful they were to the Iraqis and Afghans who played those vital roles. I've worked with some of those soldiers to try and bring to America—to safety—some of those people who worked with them.

There is another group who knows about their contributions—the hostile elements still on the ground in Iraq and Afghanistan. These are people with long memories, who have vowed to take retribution for what they felt was an act of betrayal. Countless foreign nationals who worked with us have paid the price. They, along with members of their families, have been attacked, kidnapped, and killed.

We have an obligation to get them out of harm's way.

That is why I worked with my colleagues on both sides of the aisle and on both sides of the Capitol in 2007 to create a special immigration visa program to enable them to come safely to the United States. It's a program not just for Iraqis; but starting in 2008, it was extended to Afghans as well—anyone who faced an ongoing and serious threat as a result of their employment for and on behalf of the United States Government. These two programs have enabled us to save the lives of these brave Iraqis and Afghans who often were in the heaviest fighting and whose contributions were most critical.

But we're facing two serious problems:

One, the programs are set to expire—for Iraq, September 30; for Afghanistan, 1 year later. Even more critically, we need to make sure that the special immigration visas, the SIVs, that have already been authorized are utilized. The processing has been incredibly slow.

Recently, joined by 18 of my colleagues of both parties, including six of our colleagues who were veterans of Iraq and Afghanistan, we urged the administration to work with us to extend and reform the visa program. Let's cut through the extensive paperwork, the numerous agencies and timelines involved with all the background checks,